UNITED STATES OF AMERICA				FILE NO.	
COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION				04138-URS	
As a below named inventor, I hereby dec hat I am the original, first and sole inventor(natter which is claimed and for which a pate	clare that my residence, p	post office address and citizenship are a	s stated below inventor(if plu	next to my nam	ne and that I verily believe
SAFETY DEVICE FOR A	ACTIVATING E	LECTRIC TOOLS			
was filed on	as United States pat	ent application Serial Number		, or PCT Into	ernational patent
pplication No	and was amended or	on(if any			
I hereby state that I have reviewed and u eferred to above.					
I acknowledge the duty to disclose all in I hereby claim foreign priority benefits Jnited States provisional application(s) liste before that of the application on which priori	s under Title 35, United ed below and have also id ity is claimed:	States Code, Section 119 of any forei	ign applicatior	n(s) for patent o	or inventor's certificate or
Prior Foreign Application(s) or Provisional A		== T PATE OF FILIN	~	PDIO	O AMED
COUNTRY	APPLICATION NUMBI	DATE OF FILIN (day, month, yea			RITY CLAIMED ER 35 U.S.C.119
		· .		YES	NO
				YES	NO
each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. UNITED STATES APPLICATION DATE OF FILING STATUS					
NUMBER	1	(day, month, year)		patented, pendir	
I hereby appoint the agent(s), whose is substitution and revocation to prosecute the correspondence. SEND CORRESPONDENCE TO: Ja Su	his application, to transa	act all business in the Patent and Tra Registration No.	ademark Offic		
Po	ost Office B	Sox 2339	Te1	(408) 8	67-9757
Sa	iratoga, CA	95070-0339	Fax	(408) 8	67-7437
I hereby declare that all statements made and further that these statement were made under Section 1001 of Title 18 of the United thereon.	with the knowledge that d States Code, and that so	willful false statements and the like so such willful false statements may jeopa	made are pur	nishable by fine lity of the applic	or imprisonment, or both,
FULL NAME OF SOLE OR FIRST INV Jung-Chang JONG	1.	INVENTORS SIGNATURE	<u> </u>	DATE	h 9, 2004
RESIDENCE No, 21-14, Shang San Cho Woo, Juckang-Ki, COUNTY				RY OF CITIZE	
Chungli City, Taoyu	uan Hsien, T	Caiwan	Taiwa	an	
POST OFFICE ADDRESS No.19,	Lane 118,	Sec. 2, Min-Tsu R			City,
Taoyuan, Taiwan FULL NAME OF SECOND JOINT INV	TENTOD	INVENTORS SIGNATURE		DATE	
FULL NAME OF SECOND COLUMN	ENIUR	INVENTURS SIGNATURE		DALE	
RESIDENCE	<u> </u>		COUNT	RY OF CITIZE	ENSHIP
POST OFFICE ADDRESS					
FULL NAME OF THIRD JOINT INVE	NTOR	INVENTORS SIGNATURE		DATE	
RESIDENCE .			COUNT	RY OF CITIZE	ENSHIP
POST OFFICE ADDRESS					
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